

**SPECIFIED LOW-INCOME MEDICARE BENEFICIARY
(SLMB)****H-1300****H-1310 GENERAL INFORMATION**

Effective January 1, 1993, the Omnibus Reconciliation act (OBRA) of 1990 required payment of Medicare Part B premiums for a new mandatory eligibility group of low income Medicare beneficiaries called Specified Low Income Medicare Beneficiaries or SLMB.

The applicant/recipient must meet all SLMB requirements.

A SLMB must:

- be enrolled in Medicare Hospital Insurance (Part A),

Note:

The applicant/recipient does not have to be currently enrolled in Part B. The State Buy-in System will either start Part B coverage or override the applicant/recipient's refusal of Part B. The applicant/recipient does not have to be referred to SSA to enroll in Part B.

- have income ** greater than 100 percent but less than 120 percent of the FPIG,

Note:

In January of each year, disregard the SSA COLA until the allowed limits are increased effective April 1 of each year. Thereafter determine eligibility using all income including the COLA for the year.

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- have resources that do not exceed ****program limits (refer to the Z-900 Chart)**, and
- meet all non-financial eligibility requirements for Medicaid .

SLMB eligibles have been divided into two categories:

- a person eligible for the limited SLMB services only is referred to as "SLMB Only", and
- a person eligible for Medicaid and SLMB services is referred to as "SLMB Plus".

The eligibility determination is the same for both the "SLMB Only" and "SLMB Plus".

H-1310.1 Coverage**SLMB Only**

A **SLMB Only** is eligible for Medicaid payment of the Part B premium only.

A SLMB Only *will not* receive a Medicaid card.

SLMB Plus

A **SLMB Plus** is eligible for:

- Medicaid payment of the Part B premium, **and**
- the full range of Medicaid services as entitled by Medicaid in any other category of assistance.

Application, certification, or renewal for SLMB Plus may be completed using any BHSF form. Use the form that is appropriate for the other program.

After closure of a SLMB Plus case, the recipient may continue to be eligible as a SLMB Only. The parish is responsible for the SLMB Only determination at the point of proposed closure.

H-1321 ELIGIBILITY DETERMINATION PROCESS

Determine eligibility by applying the following criteria. ****The elements** have been listed in the most logical order, but work on all steps simultaneously.

H-1321.1 Determine Assistance/Benefit Unit

The assistance/benefit unit consists of the applicant/ **** recipient**. Both members of a couple may be applying, but **each is certified separately**.

H-1321.2 Establish Categorical Requirement

Verify enrollment in Medicare Part A for the applicant/recipient. Part A eligibility, the Part A start date, and the Medicare claim number can be verified on SOLQ, or BENDEX.

H-1321.3 Establish Non-Financial Eligibility

Verify eligibility for **** each member of the assistance/benefit unit** with regard to the following factors:

- Assignment of Third Party Rights I-200
- Citizenship/Alien Status I-300
- Enumeration I-600
- Residence I-1900

H-1321.4 Establish Need**A. Determine Composition of the Income/Resource Unit**

The income/resource unit consists of the:

- applicant/ **** recipient**,
- applicant/ **** recipient** and ineligible spouse living in the home, or
- applicants/ **** recipients** who are a couple.

H-1321.4 Continued**B. Determine Need/Countable Resources**

Determine total countable resources of the members of the income/resource unit. Refer to I-1680, Need-Resources, Programs Not Related to LIFC or SSI.

For SLMB, verification of countable resources is not required and should not be routinely requested. Accept the household's statement of resources unless other objective evidence establishes that the situation is questionable.

Compare countable resources to SLMB resource limits:

- for an individual, if there is not a spouse, or
- for a couple, if there is a spouse (eligible or ineligible).

Refer to Z-900, Charts.

If countable resources are greater than the ****limit**, the applicant/recipient is ineligible.

If countable resources are equal to or less than the ****limit, the applicant/recipient is resource eligible**, continue determination of need.

C. Determine Need/Countable Income**Individual**

If the applicant/recipient is an individual with no spouse or with an ineligible spouse with no income, compare to SLMB standard for one.

Complete the following budget steps:

Step 1. Determine total unearned income.

Step 2. Subtract \$20 SSI disregard from unearned income.

Step 3. Determine total gross earned income.

Step 4. Subtract any remainder of \$20 SSI disregard from gross earnings.

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Step 5. Subtract earned income deduction from remaining gross earnings. Earned income deduction is \$65 and one half of remainder of earnings.

Step 6. Combine remainders from Step 2 and Step 5.

Step 7. Compare to Income Standard for Individual.

If income is equal to or greater than the individual limit, the applicant/recipient is ineligible.

Ineligible Spouse Deeming

If there is an ineligible spouse with income, complete budget Steps 1 through **7 above** using only the applicant/recipient income. ***If the income is equal to or greater than the individual limit, the applicant/recipient is ineligible and there is no deeming. Consider for MNP.***

If the applicant's/recipient's income ***is less*** than the SLMB standard for one, apply deeming policy, I-1420. Go to Step 1 ***of the couple budget.***

Couple

If both members of a couple are potentially eligible, ***or there is income remaining in the deeming process, complete the following steps:***

Step 1. Determine the countable unearned income. For a couple, combine all unearned income.

Note:

When deeming income from an ineligible spouse, the income of the ineligible spouse remaining after allocation for ineligible children is combined with the income of the eligible spouse. The couple is then treated the same as an eligible couple for budgeting purposes.

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- Step 2. Subtract one \$20 SSI disregard per income unit, if applicable.
- Step 3. Determine total gross earned income by combining the couple's gross earned income.**
- Step 4. Subtract any remainder of \$20 SSI disregard from gross earnings.
- Step 5. Subtract one earned income deduction from the remaining gross earnings of the income unit. The earned income deduction is \$65 and one half of the remainder of the earnings.
- Step 6. Combine the remainders in Step 2 and **Step 5**.
- Step 7. Compare total countable income to the SLMB standard for **** number** in the income/resource unit.

If the income is **equal to or** greater than the SLMB standard for **** a couple**, the applicant/**recipient** is not eligible ******.

If the income is less than the SLMB standard for a couple, the applicant/recipient is income eligible.

Refer to Z-1600, Charts

Exception:

If a couple, both SLMB applicants/**recipients**, are in a nursing facility **or receiving Waiver services**, consider income using the method that is most advantageous ******.

If one spouse is in a nursing facility **or receiving Waiver services** and his spouse is at home and **not receiving Waiver services**, consider income of each individual for separate SLMB decisions.

H-1321.5 Eligibility Decision

Evaluate all eligibility requirements and verification received to make the eligibility decision ******.

H-1321.6 Certification Period

*****The certification period can be effective no earlier than three months prior to the application date provided the individual is otherwise eligible and is enrolled in Medicare Part A. The months of retroactive coverage are not included in the 12 month certification period. The 12 month certification period begins with the month of application.***

H-1321.7 Notice of Decision

Send the appropriate notice of decision to the applicant/recipient.